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**OHIO DEPARTMENT OF HEALTH (ODH)  
CHOOSE LIFE FUND  
DISTRIBUTION APPLICATION**

**Interested Organizations:** This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

**I. ODH and Organization Information.**

<b>Organization</b>	Richland Pregnancy Services
<b>Federal Tax ID Number</b>	[REDACTED]
<b>Street Address</b>	1560 W. Fourth St
<b>City, State Zip code</b>	Mansfield, OH 44906
<b>County of Location Providing Services (One Application Per Location)</b>	Richland
<b>Address where ODH should Direct Payment</b>	1560 W. Fourth St Mansfield, OH 44906
<b>Counties of Service</b> <i>This location serves women from the following counties:</i>	Ashland, Crawford Huron, Morrow
<b>Name of Person and Title completing application</b>	Pam Crane, Executive Director
<b>Area Code/Phone Number</b>	419.522.8863, ext. 200
<b>Email</b>	pam@richlandpregnancy.com

**II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**

- A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;

**VI. By June 1, 2017, all Organizations** shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2016–May 30, 2017).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5.23.16  
Date

Pamela J. Crank  
Signature of Person Completing Application  
Pamela J. Crank, Executive Director  
[Print Name & Title]

**Application to be submitted to:**

Ohio Department of Health  
Bureau of Maternal and Child Health  
246 North High Street, 6<sup>th</sup> floor  
Columbus, OH 43215  
Attention: Marius Igwe

Phone: 614.466.4634  
Email: [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov)

**Choose Life Fund Expenditure Form**  
**SFY 16 July 1, 2015 through June 30, 2016**  
**Due June 1, 2016**

Agency Name	Richard Kennedy Services					
Tax ID #	[REDACTED]					
Contact Name	Pam ORRICK					
Contact Phone #	419.522.8863 ext. 300					
Quarters		Total Expenditures 7/1/15 Thru 6/30/16	1st Quarter 7/1/15 Thru 9/30/15	2nd Quarter 10/1/15 thru 12/31/15	3rd Quarter 1/1/16 thru 3/31/16	4th Quarter 4/1/16 Thru 6/30/16
CARRYOVER SFY 14 Amount						
Award Amount						
Material Needs of Pregnant Women at 60%	\$ -					
Clothing Costs		\$0.00				
Housing Costs		\$0.00		\$0.00		
Medical Care Costs		\$0.00				
Food Costs		\$0.00				
Utilities Costs		\$0.00				
Transportation Costs		\$0.00				
Other Costs (Explain)	CAR SEATS	\$0.00				
Total Material Costs		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
+/- Award Amount	\$ -					
Direct Costs at 40%	\$ -					
Counseling Costs		\$0.00				
Training Costs		\$0.00				
Advertising Costs		\$0.00				
Total Direct Costs		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
+/- Award Amount	\$ -					
Total Award Minus Materials and Direct Costs	\$	\$				\$ 560.00

CAR SEATS

# INVOICE

Invoice #: 0108  
Invoice Date: 09/23/2016  
Purchase Order #: DOH01-0000045587  
OAKS Vendor #: 0000067005

Bill To: Ohio Department of Health  
Bureau of Maternal, Child and Family Health  
P.O. Box 118  
Columbus, Ohio 43216

Remit To: Richland Crisis Pregnancy Services  
1560 W Fourth St  
Mansfield, Ohio 44906

Quantity	Description	Unit Cost	Amount
1	Provision of Choose Life services for women who are considering adoption.	1	\$540.00

Program Approval: <u>[Signature]</u>	Grand Total	\$540.00
Approval Date: <u>9/23/16</u> <u>OK to pay</u>		

# Purchase Order

Payment Provision: The purchase order number authorizing the delivery of products or services **MUST** be included on the invoice.

## Dept of Health

Supplier:  
0000067005  
RICHLAND CRISIS PREGNANCY SERVICES  
1560 W FOURTH ST  
MANSFIELD OH 44906

Dispatch via Print

Purchase Order	Date	Revision	Page
DOH01-0000045587	08/30/2016		1
Payment Terms	Freight Terms	Ship Via	
Net 30	FOB Destination, Prepaid	N/A	
Phone		Currency	
KENNON A HUGHES		USD	

Ship To: Dept of Health  
P003574  
KENNON A HUGHES  
P.O. Box 118  
(614) 466-3543  
Columbus OH 43216-0118  
United States

Bill To: Dept of Health  
P.O. Box 118  
(614) 466-3543  
Columbus OH 43216-0118  
United States

Line-Sch	Quantity	UOM	
1- 1	1	AMT	Choose Life Program

Unit Price	Extended Amt	Due Date
540	540.00	

Schedule Total 540.00

Item Total 540.00

ODH Contact: Marius Igwe 614-466-4634 Contract# 8037

Total PO Amount 540.00

The Director of Budget and Management certifies that there is a balance available in the appropriation not already obligated to pay existing obligations in an amount at least equal to the portion of the contract, agreement, obligation resolution or order to be performed in the current fiscal year.

Department Head

Richard Hodges, MPA  
Director of Health

By accepting this purchase order, Vendor hereby certifies that it is in full compliance with ORC Section 3517.13 as it relates to campaign finance contributions.



# OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

John R. Kasich/Governor

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

Richard Hodges/Director of Health

Pam Crank, Executive Director  
Richland Pregnancy Services  
1560 W. Fourth Street  
Mansfield, OH 44906

Tax ID [REDACTED]

Dear Ms. Crank:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. Application(s) was approved for the following county(s) in the amount(s) of:

- Richland \$ 300.00
- Ashland \$ 90.00
- Crawford \$ 90.00
- Morrow \$ 60.00

The application was not approved for funding in the following county(s) for the following reason(s):

- Huron Other applicant organization located in county

Enclosed is a copy of the contract as was submitted. You should receive an award totaling \$540.00 within the next 30 days.

If you have any questions, please contact the Choose Life Program consultant, Marius Igwe at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov) or phone 614-466-4634.

Sincerely,

  
Richard Hodges, MPA  
Director of Health